

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/700200	FILING DATE							
						APPLICANT(S)								
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	1		1				51	1	8					
2	1		1				52		8					
3	2		1				53	8		1				
4	1		1				54	8		1				
5	1		1				55							
6	1		1				56							
7	1		1				57							
8	1		1				58							
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39	1		1				89							
40	1		1				90							
41	1		1				91							
42	1		1				92							
43	1		1				93							
44	1		1				94							
45	1		1				95							
46	1		1				96							
47	1		1				97							
48	1		1				98							
49	1		1				99							
50	1		1				100							
TOTAL IND.							TOTAL IND.							
TOTAL DEP.							TOTAL DEP.							
TOTAL CLAIMS							TOTAL CLAIMS							